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The Anxiety Operating Manual — Workbook

A practical, evidence-informed system for running your life with less background hum, built for people who can't take Wednesday off to feel their feelings.

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Worksheet 0: Start-Here Self-Assessment

Complete this before Lesson 1.1, then again at 30, 60, and 90 days. This is a self-reflection tool, not a diagnostic test. If your answers worry you, or you check any box in the “Safety” section, please read Lesson 6.4 now and contact a professional. **If you’re in crisis or thinking about harming yourself, call or text 988 (US) or your local emergency number.**

Rate each statement from 0 (not at all true for me) to 4 (very true for me) for the past two weeks.

Statement	Start	Day 30	Day 60	Day 90
I feel a background hum of anxiety most days				
My body gets tense, jittery, or unsettled when I’m stressed				
I get caught in “what if” loops that don’t lead anywhere				
I find it hard to tolerate not knowing how things will turn out				
I check, re-check, or seek reassurance to feel okay				
I avoid or put off things because they make me anxious				
Anxiety affects my sleep				

Statement	Start	Day 30	Day 60	Day 90
Anxiety affects my work or focus				
Anxiety affects my relationships				
I'm hard on myself about being anxious				
Total (0-40)				

Rate your confidence in handling anxiety when it shows up (0-10):

Start	Day 30	Day 60	Day 90

Safety check (if any apply, see Lesson 6.4 before continuing):

- ☐ I have thoughts of harming myself or ending my life (contact 988 or emergency services now)
- ☐ I have frequent panic attacks
- ☐ I have unexplained physical symptoms I haven't had checked by a doctor
- ☐ I use alcohol or other substances most days to cope with anxiety
- ☐ Anxiety is keeping me from basic daily tasks

What do I most want to be different six weeks from now?

If anxiety had less say in my life, what would I do more of?

Worksheet 1.1: Your Anxiety Loop

Pick one recent anxious moment and break it into the four stages. Then write what Notice, Name, Navigate could have looked like.

The situation (when, where, who):

1. Trigger: What set it off?

2. Interpretation: What did my mind say it meant?

3. Body response: What did I feel physically, and where?

4. Behavior: What did I do to make the feeling stop?

What did that behavior do in the short term? And in the long term?

Notice: The earliest sign I could have caught:

Name: My naming sentence ("This is the anxiety loop, triggered by ____"):

Navigate: One move I could have chosen:

Worksheet 1.2: Your Trigger Map (Protocol 2)

Set a 15-minute timer. List your triggers, rate how intense each usually is (0-10), and mark it P (primary) or A (amplifier).

Category	Trigger	Intensity (0-10)	P or A
Situations			
Situations			
Situations			
People			
People			
Body sensations			
Body sensations			
Thoughts / images			
Thoughts / images			
Conditions			
Conditions			
Conditions			

Check your top two themes:

- ☐ Being judged or found inadequate
- ☐ Losing control or being trapped
- ☐ Something bad happening to people I love
- ☐ Uncertainty itself
- ☐ Physical danger or illness
- ☐ Other: _____

My three earliest warning signs (physical, mental, behavioral):

The amplifier I could change most easily:

Worksheet 1.3: The Worry Sort

Use this for three days. For each worry, answer the three questions. Productive worries become a next action. Spirals just get labeled.

Worry (a few words)	Real or hypothetical?	Can I act?	In 24 hours?	Productive or spiral?	Next action + when

Total productive: ____ Total spirals: ____

What surprised me about the ratio?

My personal “I’m in a spiral” signs:

Worksheet 1.4: The 7-Day Anxiety Pattern Tracker

Three check-ins a day (0–10), plus conditions and one nightly line. Keep this page, because you’ll compare it with your final tracking week in Lesson 6.5.

Day	AM	Midday	PM	Sleep (hrs)	Caffeine (# / last time)	Alcohol	Movement (Y/N)	Outdoors (Y/N)
1								
2								
3								
4								
5								
6								
7								

Spike log (any jump of 3+ points):

Day / time	Trigger	Peak (0–10)	What I did	Did it help?

Nightly line: “The hardest moment today was . *What helped was* .”

Day 1:

Day 2:

Day 3:

Day 4:

Day 5:

Day 6:

Day 7:

Reading My Week (day 7):

My average baseline:

Time-of-day and day-of-week patterns:

Condition links (sleep, caffeine, alcohol, movement):

What actually helped:

What I avoided, delayed, or handed off:

Worksheet 2.1: My Body's Alarm Signature

Check the sensations you usually get and write an accurate, non-catastrophic explanation for each.

Sensation	I get this	Where I feel it first	Accurate explanation
Racing or pounding heart			
Fast or shallow breathing			
Tight chest			
Tense jaw, shoulders, or neck			
Stomach upset / butterflies			
Sweating or hot flashes			
Shakiness or trembling			
Dizziness or lightheadedness			
Tingling			
Feeling unreal or detached			
Racing thoughts / tunnel vision			

My usual first physical sign:

My relabel sentence ("My body is getting ready. This is ___"):

☐ I have new, severe, or unexplained symptoms I will get checked by a doctor

Worksheet 2.2: My Fuel and Brake List

Things in my life that add fuel to the alarm:

Things that engage the brake:

My most stressful recurring event each week:

How I'll finish the stress cycle afterward (movement, breath, connection, release):

Scheduled for (day and time):

Worksheet 2.3: The Breathing Practice Log

Practice five minutes a day, when calm, for seven days.

Day	Pattern (4-6 / sigh / box)	Anxiety before (0-10)	Anxiety after (0-10)	Notes
1				
2				
3				
4				
5				
6				
7				

The pattern that works best for me:

My anchor habit (the existing habit I'll attach it to):

☐ Breath focus makes me more anxious. I'll use eyes-open breathing, walking breathing, or grounding instead.

Worksheet 2.4: The Somatic Reset Test Log and Cards

Test at least six of the twelve interventions over two weeks, whenever anxiety is at 4 or higher.

#	Intervention	Setting	Before (0-10)	After 2 min (0-10)	Keep?
1	Physiological sigh				
2	4-6 breathing				
3	Humming exhale				
4	Cold water reset				
5	Warmth				
6	Strong sensory anchor				
7	Tense and release				
8	Shake it out				
9	Brisk movement burst				
10	Unclench the three				
11	Orienting				
12	Grounded posture				

Printable Somatic Reset Cards. Fill in, cut out, and keep in your wallet, phone case, or desk.

Card A: When I'm revved up or jittery, I will:

Card B: When I'm tight and braced, I will:

Card C: When I'm panicky or breathing fast, I will:

Card D: When I feel foggy or unreal, I will:

Card E: For the low background hum, I will:

Worksheet 2.5: My Lifestyle Lever Audit

Rate each lever green (fine), yellow (could improve), or red (clear amplifier), using your Worksheet 1.4 data.

Lever	Green / Yellow / Red	What I notice
Sleep		
Caffeine		
Alcohol		
Movement		
Food, water, blood sugar		
News and social media		
Screens in the bedroom		
Connection		
Daylight and nature		

My one lever for the next two weeks:

My specific experiment (what, when, how often):

Week	Did I stick to it?	Average anxiety	What I noticed
1			
2			

☐ My experiment involves alcohol, medication, or a major diet or exercise change. I'll talk to my doctor first.

Worksheet 3.1: The Thinking Trap Log

One anxious thought a day for five days. Write it word for word, spot the traps, and follow it down to the hot thought.

Traps: catastrophizing, fortune-telling, mind-reading, all-or-nothing, overgeneralizing, “should” statements, emotional reasoning, discounting the positive, magnified responsibility, what-if chaining.

Day	Thought (word for word)	Traps I spot	Hot thought (“And if that’s true…?”)
1			
2			
3			
4			
5			

The trap I fall into most often:

The words that tip me off (always, never, what if...):

Worksheet 3.2: The Four-Question Check

Work through three hot thoughts from Worksheet 3.1. Use body tools first if you're at 8 or higher.

Hot thought #1:

Belief before (0-100%): ____ Anxiety before (0-10): ____

Question 1, evidence for:

Question 1, evidence against:

Question 2, worst / best / most likely outcome:

Question 3, if the feared outcome happened, how would I cope?

Question 4, what would I tell a friend? My balanced thought:

Belief after: _____ Anxiety after: _____

Hot thought #2:

Belief before: _____ Anxiety before: _____

Evidence for and against:

Most likely outcome:

How I'd cope:

Balanced thought:

Belief after: _____ Anxiety after: _____

Hot thought #3:

Belief before: _____ Anxiety before: _____

Evidence for and against:

Most likely outcome:

How I'd cope:

Balanced thought:

Belief after: _____ Anxiety after: _____

Printable pocket card: The Four-Question Check

- 1. What’s the evidence, for and against?
- 2. What’s most likely, not worst or best?
- 3. If it happened, how would I cope?
- 4. What would I tell a friend? What’s a balanced thought?

One check per thought per day. Then park it or let it be.

Quick in-my-head practice this week:

Day	1	2	3	4	5	6	7
Done?							

Worksheet 3.3: The Uncertainty Reps Ladder

My certainty-seeking behaviors (checking, googling, reassurance, over-preparing, not delegating, delaying decisions):

Build a ladder of ten reps, from Level 1 (low stakes) to Level 3 (higher stakes).

#	Rep	Level
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Rep log (one a day for two weeks):

Date	Rep	Predicted anxiety	Predicted outcome	Actual anxiety	What actually happened	What I learned

Date	Rep	Predicted anxiety	Predicted outcome	Actual anxiety	What actually happened	What I learned

My go-to uncertainty phrase:

Worksheet 3.4: My Worry Window Setup and Spiral Interruption Guide

My Worry Window time (15–20 min, at least 2 hours before bed):

My Worry Window place (not my bed):

Where my worry parking lot lives (app or notebook):

Worry Window log (two weeks):

Date	# worries parked	# already resolved	# turned into actions	# accepted / let be	Did I stop on time?

Printable card: The Spiral Interruption Guide. Cut out and keep by your bed or in your wallet.

1. **Stop and label:** “I’m in a spiral. This is my mind, not the situation.”
2. **Exhale:** Three physiological sighs or one minute of 4-6.
3. **Sort:** Is there a real problem I can act on in 24 hours? Yes: write the next action. No: go to 4.
4. **Postpone or accept:** Park it for the Worry Window, or “Maybe, maybe not. I can live with not knowing.”
5. **Redirect:** Do something absorbing and physical for 2–10 minutes.
6. **Expect return:** Repeat kindly. Every exit strengthens the skill.

If you're in crisis or thinking about harming yourself, call or text 988 (US) or your local emergency number.

Worksheet 4.1: My Real-Time Toolkit Cards

Choose your moves from what you’ve tested in Modules 2 and 3.

Card 1: Tier 1 (invisible, 0-60 seconds)

Card 2: Tier 2 (semi-private, 1-5 minutes)

Card 3: Tier 3 (private, 5-20 minutes)

Card 4: My pause scripts (in my own words)

Pre-decided plans for my three most common high-stress situations:

Situation	Tier 1 move	Tier 2 move (if needed)	Pause script	Afterward

- ☐ Photo of my cards saved on my phone
- ☐ Paper copy in my wallet or desk

Worksheet 4.2: My Grounding Toolkit

Practice each technique at least once this week and rate how well it worked (0-10).

Technique	Date tried	Setting	How well it worked (0-10)
5-4-3-2-1			
Categories			
Describe the room			
Body contact			
Grounding object			

My top two grounding techniques:

My personal grounding statement (“My name is . **Today is** . I’m at ____ . I’m safe right now.”):

My grounding object:

☐ Added my top grounding tool to my Real-Time Toolkit Cards

Worksheet 4.3: The PMR Practice Log

Full or short version daily for two weeks.

Day	Version (full / short / micro)	Tension before (0-10)	Tension after (0-10)	Notes
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

The muscle groups where I hold the most tension:

- ☐ Added the micro version to my Real-Time Toolkit Cards
- ☐ I'll skip or check with my doctor about any injured or painful area

Worksheet 4.4: My Wave Protocol and Support Card

If you're in crisis or thinking about harming yourself, call or text 988 (US) or your local emergency number. For chest pain, trouble breathing, or new severe symptoms, seek emergency medical care.

Write the Wave Protocol in your own words:

W (Watch and name it):

A (Allow the sensations):

V (Very slow exhales):

E (Expect it to pass, stay if I can):

What I'll do afterward to recover:

Printable Support Card. Cut out and keep in your wallet, plus a photo on your phone.

	Name	Phone
Support person 1		
Support person 2		
Support person 3		
My doctor / therapist		
Crisis line (US)	988 Suicide & Crisis Lifeline	Call or text 988
Local emergency number		

☐ I have panic attacks. I'll talk to a professional, and I've scheduled that conversation for:

Worksheet 4.5: My Personalized Anxiety Response Plan

A one-page template. Fill it in with tools you've tested, then photograph and print it.

Green Zone (0-3): Maintain Daily practice, lifestyle levers, Worry Window time:

Yellow Zone (4-5): Early moves My early warning signs:

My moves (Notice, Name, Navigate; Tier 1 tools; Worry Sort):

Orange Zone (6-7): Body first, then thoughts Somatic resets:

Thought tools:

Pause script:

Stress-cycle finisher afterward:

Red Zone (8-10): Ride the wave and get support Wave Protocol and grounding:

Support contacts, plus 988 and my local emergency number:

“When this passes, I’ll ____”:

Situation-specific add-ons:

Situation	My plan
Before a known stressor	
Sunday evening	
Middle of the night	
After a setback	

- ☐ Photographed and saved to my phone
- ☐ Printed and posted
- ☐ Shared with: _____
- ☐ Review date: _____

Worksheet 5.1: My Exposure Ladder

My top three areas of avoidance:

The one I'll work on first, and why it matters to me:

My safety behaviors in this area (things I do to feel safer that I'll gradually drop):

Build your ladder from easiest to hardest.

Step	Situation	Predicted anxiety (0-10)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Exposure log (aim for three a week for three weeks):

Date	Step	What I predicted	Predicted anxiety	Peak anxiety	What actually happened	What I learned

Date	Step	What I predicted	Predicted anxiety	Peak anxiety	What actually happened	What I learned

☐ I can't find a manageable first step, or this brings up trauma. I'll work on it with a professional.

Worksheet 5.2: My Work Anxiety Plan

My top two work anxiety patterns:

- ☐ Performance and evaluation
- ☐ Inbox and availability
- ☐ Perfectionism and over-preparing
- ☐ Conflict and difficult conversations
- ☐ Overload and control

Meeting protocol for one recurring meeting: _____

Before (prep cap, pre-decided moves, hot thought check, fuel):

During (arrive early, relabel, Tier 1 tools, focus outward):

After (finish the cycle, one 5-minute review, log what I learned):

My three scripts (in my own words):

Saying no:

Asking for clarity:

Buying time:

My availability boundary (check times, notifications, expectations, shutdown ritual):

Meeting date	Used protocol?	Peak anxiety	What I learned

Worksheet 5.3: My Reassurance and Relationship Log

Log each reassurance urge for one week.

Date / time	The urge (what I wanted to ask or check)	Acted on it or delayed?	Delay length	What happened to the urge

My script for enlisting a loved one:

My “clear question, asked once” for a situation I usually mind-read:

Assertiveness mini-ladder:

Step	Situation	Done?
1		
2		
3		
4		

My assertiveness sentence ("When ____ happens, I feel . ***What I'd like is*** . Would that work for you?"):

Worksheet 5.4: My Wind-Down Routine and Sleep Log

My brain-dump time:

My buffer activities (30-60 min before bed):

My in-bed tools (shuffle, categories, PMR, breathing, body scan):

My consistent wake time:

Two-week sleep log:

Night	Bedtime	Rough time to fall asleep	Wake-ups	Got up? (Y/N)	Wake time	Tools used
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						

Night	Bedtime	Rough time to fall asleep	Wake-ups	Got up? (Y/N)	Wake time	Tools used
12						
13						
14						

Patterns I notice:

☐ Ongoing insomnia, loud snoring, gasping, or severe daytime sleepiness. I'll talk to a doctor.

Worksheet 6.1: My Values Compass

Rate how important each area is (0–10) and how consistently I’ve acted on it lately (0–10).

Life area	Importance	Consistency	My core value(s) here
Work and career			
Close relationships			
Parenting or family			
Friendship and community			
Health and body			
Growth and learning			
Leisure and play			
Meaning and spirituality			

At my 80th birthday, I’d want people to say:

Away moves and toward moves:

Situation	Away move I usually make	Toward move I could make	Value it serves

This week’s committed action:

Value:

Small action:

When:

Likely anxiety, and the tool I'll use:

How it felt afterward:

Worksheet 6.2: My Personal Protocol

Printable Morning Ritual Card (about 5 minutes)

1. Baseline check (0-10)
2. Breath: _____
3. Today's likely trigger
4. Pre-decided Navigate move
5. One values intention
6. Light and movement (optional)

Linked to my existing habit:

Printable Evening Ritual Card (about 5-10 minutes)

1. Shutdown: write tomorrow's first task
2. Brain dump
3. Three-line review: hardest moment / what helped / one toward move
4. Settle: _____

Linked to my existing habit:

Weekly check-in

Day and time:

- ☐ Ratings: average and peaks
- ☐ Triggers: anything new?
- ☐ Tools: what helped, what didn't
- ☐ Avoidance: next exposure step scheduled
- ☐ Lifestyle levers
- ☐ Values: toward moves, next week's action scheduled
- ☐ Next week's known stressors, with plans

In-the-storm minimum viable protocol

Daily minimum:

Non-negotiables:

Who I'll tell:

When I'll contact a professional:

30-day tracker (check each one done)

Day	Morning	Evening	Worry Window	Day	Morning	Evening	Worry Window
1				16			
2				17			
3				18			
4				19			
5				20			
6				21			
7				22			
8				23			
9				24			
10				25			
11				26			
12				27			
13				28			
14				29			
15				30			

Worksheet 6.3: My Setback Plan

If you're in crisis or thinking about harming yourself, call or text 988 (US) or your local emergency number.

My personal setback triggers:

My early warning signs of a setback:

My step-by-step setback response:

1. Notice and name it: "This looks like a lapse."
2. Get curious. What's changed?

3. Back to basics (my minimum protocol):

4. Lifestyle lever check:

5. Re-approach avoidance (which ladder step):

6. Review my Anxiety Response Plan
7. Reach out to:

8. Be kind to myself

My self-compassion script (hard moment / not alone / what I'd tell a friend):

Time to get more support if:

- ☐ The lapse lasts more than 2-4 weeks despite using my tools
- ☐ Anxiety is significantly affecting work, relationships, or health
- ☐ Panic attacks are new or frequent
- ☐ Persistent low mood, hopelessness, or loss of interest
- ☐ Relying on alcohol or other substances to cope
- ☐ Any thoughts of harming myself (contact 988 or emergency services now)

Worksheet 6.4: My Professional Support Check

Go through this checklist honestly.

- ☐ Anxiety most days for several weeks despite using these tools
- ☐ Anxiety getting worse over time
- ☐ Significant impact on work, relationships, parenting, sleep, or health
- ☐ Avoiding important parts of my life
- ☐ Panic attacks
- ☐ Intrusive thoughts with urges to check, count, clean, or neutralize
- ☐ Flashbacks, nightmares, or strong reactions linked to a traumatic event
- ☐ Intense fears (health, social, specific) that are shrinking my life
- ☐ Persistent low mood, hopelessness, or loss of interest
- ☐ Using alcohol, drugs, or other behaviors to cope in ways that concern me
- ☐ New, severe, or unexplained physical symptoms
- ☐ **Thoughts of harming myself or someone else (call or text 988, or your local emergency number, now)**

If any apply, my next step:

Who I'll contact (doctor, EAP, therapist directory, insurance line):

By when:

My script:

What I'll bring (Worksheets 1.2, 1.4, 4.5, notes):

Support contacts (everyone fills this in):

	Name	Phone / how to reach
Primary care doctor		
Therapist / counselor (current or prospective)		
Employee Assistance Program (if available)		
Trusted person		
Crisis line (US)	988 Suicide & Crisis Lifeline	Call or text 988
Local emergency number		

Worksheet 6.5: My Long-Term Resilience Plan

Pillar 1: Self-knowledge (top triggers, themes, early warning signs, amplifiers)

Pillar 2: Skills (top body tools, thought tools, real-time toolkit, Wave Protocol)

Pillar 3: Habits (daily rituals, weekly check-in, lifestyle levers)

Pillar 4: Growth (current and next exposure ladder, values actions)

Pillar 5: Support (people, professional support, 988, local emergency number)

First week vs. final week (repeat the Worksheet 1.4 tracker for a second week):

Measure	First week	Final week
Average baseline		
Highest spike		

Measure	First week	Final week
Typical spike length		
Things avoided		
Values-based actions		

Anticipated challenges this year:

Challenge	When	Tools I'll use	Routine adjustment	Who I'll tell

My “letter from steady” (what I’ve learned, what helps, what I’ve handled, what matters, kind words):

Worksheet 7: Your 30/60/90-Day Plan

Days 1-30: Consolidate

- ☐ Morning and evening rituals daily (Worksheet 6.2 tracker)
- ☐ Weekly check-in every week
- ☐ Finish my current exposure ladder
- ☐ Retake the Start-Here Self-Assessment on day 30

My focus for these 30 days:

One values action each week:

Days 31-60: Expand

- ☐ Start a new exposure ladder in a different area of life
- ☐ Run one new lifestyle lever experiment
- ☐ Deepen one values area
- ☐ Retake the self-assessment on day 60

My new ladder target:

My lifestyle lever experiment:

The values area I'll deepen:

Days 61-90: Integrate

- ☐ Notice which skills are now automatic
- ☐ Review and update my Anxiety Response Plan (Worksheet 4.5)

- ☐ Repeat the 7-day tracker and compare
- ☐ Retake the self-assessment on day 90
- ☐ Plan the next 90 days

Skills that feel automatic now:

What I'll change in my Anxiety Response Plan:

My intention for the next 90 days:

Progress snapshot

	Start	Day 30	Day 60	Day 90
Self-assessment total				
Confidence (0-10)				
Average baseline (0-10)				

This workbook is for education and self-reflection. It is not a diagnostic tool or a substitute for professional care. If you're in crisis or thinking about harming yourself, call or text 988 (US) or your local emergency number.

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